



Arkansas Department of Human Services

Division of Medical Services

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OFFICIAL NOTICE

DMS-2004-A-2 DMS-2004-L-8 DMS-2004-QQ-2
DMS-2004-CA-1 DMS-2004-SS-3 DMS-2004-Y-5
DMS-2004-Z-1 DMS-2004-R-7

TO: **Health Care Provider – Ambulatory Surgical Center; Critical Access Hospital; End Stage Renal Disease; Hospital; Independent Lab; Physician; Radiation Therapy Center and Rehabilitative Hospital**

DATE:

SUBJECT: **PROPOSED - Laboratory and X-ray Services Exempt from Benefit Extension Procedures**

Effective for dates of service on and after August 1, 2004, Arkansas Medicaid will implement new policy regarding laboratory and X-ray services. Current policy exempts magnetic resonance imaging (MRI) and cardiac catheterization from benefit extension procedures.

The following laboratory and x-ray services have been added to the list of services exempt from benefit extension procedures.

Surgical pathology
CT scan/Emission Computerized Tomography/SPECT
Radiopharmaceutical services
Positron Emission Tomography (PET scan)
Radiology oncology

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

Official Notice

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PROPOSED

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

PROPOSED
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 1f

**AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED**

Revised: August 1, 2004

CATEGORICALLY NEEDY

3. Other Laboratory and X-Ray Services

- (1) Other laboratory and X-ray services when ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his/her practice as defined by State law in the practitioner's office or outpatient hospital setting or by a certified independent laboratory which meets the requirements for participation in Title XVIII. For services above \$500.00 per State Fiscal Year for recipients age 21 and older, an extension will be provided if medically necessary. The following diagnoses are considered to be categorically medically necessary and **are exempt from benefit extension procedures**: Malignant neoplasm; HIV infection and renal failure.

The extension procedures do not apply for services provided to recipients under age 21 in the Child Health Services (EPSDT) Program.

- (2) The following services are exempt from extension procedures:

- ! Magnetic Resonance Imaging (MRI)
- ! Cardiac Catheterization
- ! **Surgical Pathology**
- ! **CT Scan/Emission Computerized Tomography/SPECT**
- ! **Radiopharmaceutical procedures**
- ! **Positron Emission Tomography (PET Scan)**
- ! **Radiology Oncology**

- (3) Portable X-Ray Services

Services are limited to the following:

- ! skeletal films involving arms and legs, pelvis, vertebral column and skull;
- ! chest films which do not involve the use of contrast media; and
- ! abdominal films which do not involve the use of contrast media.

Services may be provided to an eligible recipient in his/her place of residence upon the written order of the recipient's physician.

Portable X-ray services are included in the extension procedures.

- (4) Chiropractor X-Ray Services

- ! X-ray is limited to two (2) per State Fiscal Year (July 1 through June 30).

PROPOSED
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2f

**AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED**

Revised: August 1, 2004

MEDICALLY NEEDY

3. Other Laboratory and X-Ray Services

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! Magnetic Resonance Imaging (MRI)
! Cardiac Catheterization
! **Surgical Pathology**
! **CT Scan/Emission Computerized Tomography/SPECT**
! **Radiopharmaceutical procedures**
! **Positron Emission Tomography (PET Scans)**
! **Radiology Oncology**

- (3) Portable X-Ray Services

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- (4) Chiropractor X-Ray Services

! X-ray is limited to two (2) per State Fiscal Year (July 1 through June 30).

4.a. Nursing Facility Services - Not Provided